

ASS. REC. BY:

Ram

REF:

CS1 QW20002753/Fyf3s2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJX 3462

Policy No. _____

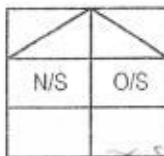
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH T194D Yr Regn: 29/11/2019

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prous c.c. 1798Colour: blue A/C: Insured / Std / NI / NASp. Reading: 30198 T/Radio: Insured / Std / NI / NAEng/No: -C/No: JTDKPSA90309306Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 16/02/2020 D.O.I. 17/02/2020Survey held at (Confidential) (Loyals)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orrear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

No Policy

SH T194D - CC4/11 190104RHS N313 2012-20/14/19 JTC

SJX 3462 x

PIP: \$2565.17/- with 3 repair days (Red \$3494-53, 57%)
confirm on 23/3/2020 with change

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

29/3/20 Typist

Days Of Repair: 3Resurvey No. of Trip: 2

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Wheel end (\$)

Survey Fee:

Transportation:

S + PS. \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.E.I: (\$)

PIP \$2565.17

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJX3966Z	16 Feb 2020 / 00:10:00	Successful	101	MSIG INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SH 779ED - buy report

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/02/2020 09:20
Date Of Accident	16/02/2020 00:10
Exact Location Of Accident	ALONG TPE TOWARDS AIRPORT BEFORE PASIR RIS DR 12 E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7794D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	GOH LEE KWAN
NRIC No	SXXXX487J
Date Of Birth	08/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97868273
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 555 HOUGANG STREET 51 #02-330
Postcode	530555
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX3966Z
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

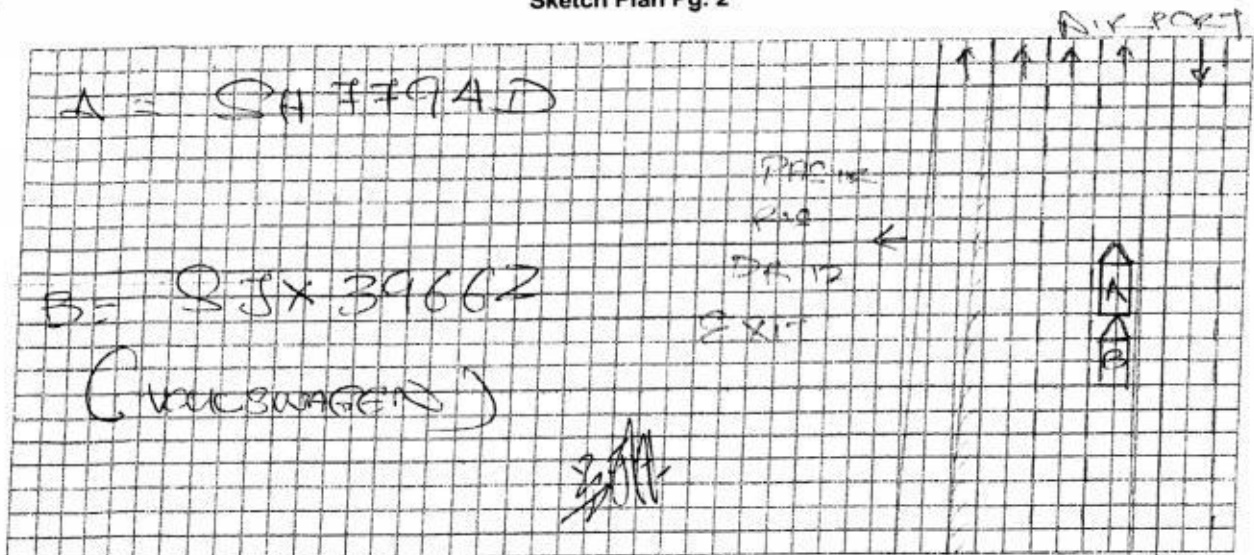
GIA and C Sketch Plan Form V3
GIA and C Sketch Plan Form V3

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 16 FEB 2024

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached sheet.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CONFIDENTIALITY STATEMENT

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

No injury at the point of accident.

16 FEB 2024



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

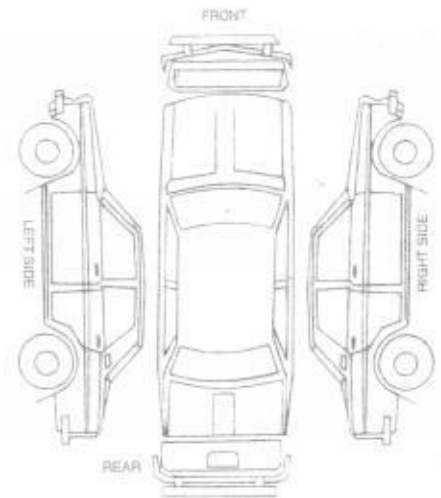
JC NO.: 305381639

STOMER	REGN NO: SH 7794D	MILEAGE
/MS	MAKE: TOYOTA	FUEL
STOMER NO. 7010045	MODEL PRIUS HYBRID(G4A16.02.2020 08:45	E 1/2 F
DRESS 383 SIN MING DRIVE	YR OF MANU 28.11.2019	DATE/TIME IN
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU903089306	TARGET DATE
65508755 (R) (P)		COMPLETION DATE/TIME:
COUNT CARD NO.		

Accident Date: 16.02.2020
NATURE: 3P 16.02.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 7794D CHIANG

Vehicle No.: SH 7794D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SH 7794D

17/02/20

MAKE :

CHIANG/NTUC

MODEL TOYOTA PRIUS G4A

Type

Qty	Parts Description/ Labour	Unit Price	Amount
1	REAR BUMPER <i>Cra</i>		\$458.60
1	REAR UNDER COVER <i>cut</i>		\$552.60
1	REAR BUMPER SIDE RH <i>scrap B xun</i>		\$112.70
1	TAIL LAMP ASSY /RH <i>xun</i>		\$557.90
1	REAR BUMPER REFLECTOR RH <i>scr</i>		\$177.70
1	REAR BUMPER REINFORCEMENT <i>BJ</i>		\$318.80
1	REAR TRUNK COVER GARNISH /OUTSIDE <i>xun</i>		\$889.70
1	TOWING COVER <i>unig</i>		\$82.70
10	REAR BUMPER CLIPS <i>xun</i>		\$22.00
1	REAR TRUNK LID LOCK <i>xun</i>		\$457.90
1	REAR TRUNK TOYOTA EMBLEM <i>xun</i>		\$47.00
1	REAR TRUNK PRIUS <i>xun</i>		\$52.90
1	REAR TRUNK HYBIRD <i>xun</i>		\$52.90
1	REAR TRUNK LID COVER <i>xun</i>		\$1,126.60
SUB TOTAL			\$4,910.00
25.00%			\$1,227.50
DISCOUNTED TOTAL			\$3,682.50 <i>\$1277.32</i>
1	BOOTLID COMFORT LOGO/ TEL NUMBER <i>xun</i>		\$60.00
1	BOOTID COMFORT APP <i>thn</i>		\$40.00
1	REVERSE SENSOR <i>1xun</i>		\$135.70
1	REAR NUMBER PLATE & W/ HOLDER <i>xun</i>		\$55.00
			\$290.70
Labour Charge			
Panel Beating <i>End panel?</i>			\$700.00 <i>\$640</i>
Spray Painting Charge			\$650.00 <i>\$200</i>
Tuff Kote			\$80.00 <i>\$30</i>
Check Lighting			\$60.00 <i>\$50</i>
Remove and Refix Reverse Sensor			\$60.00 <i>\$50</i>
TOTAL LABOUR			\$1,550.00
ESTIMATE TOTAL			\$5,523.20 <i>5928.59</i>

KK Auto Consultants hence notify
the Repairer of the following:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will
be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

ITEM: \$1277.32

Labour: \$970

Total: \$2247.32

[illegible]

Our Job Ref No : 305381639

Date : 04/02/20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SH 7794D

16.02.2020

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

2 The repair job shall bill to: NTUC SJX3966Z

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

Pic uploaded

\$1595.17

\$970.00

\$2565.17

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : RM

Date : 23/3/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305381639
 REGN NO : SH 7794D
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4A)
 DATE OF REGN : 28.11.2019
 DATE/TIME IN : 16.02.2020 08:45
 ACCIDENT DATE : 16.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2712-G	PRIG4Q8 COVER REAR BUMPER	1	458.60	25.00	343.95	cr
0002 04-01-0302-2713-G	PRIG4Q8 GUARD REAR BUMPER	1	552.60	25.00	414.45	cut
0003 04-01-0302-2723-G	PRIG4Q8 REFLECTOR ASSY RH	1	177.70	25.00	133.27	scr
0004 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10	BT
0005 04-01-0302-2715-G	PRIG4Q8 COVER RR BUMPER -	1	82.70	25.00	62.02	mis
0006 04-01-0302-2347-G	PRIG4 COVER REAR FLOOR	1	220.50	25.00	165.37	cut
0007 04-01-0302-2423-G	PRIG4 SEAL REAR BUMPER SI	1	148.40	25.00	111.30	Br
0008 04-01-0302-2401-G	PRIG4 COVER FLOOR UNDER N	1	167.60	25.00	125.70	Br

SUB-TOTAL : 1,595.16

JOB NATURE

0000 PB	PANEL BEATING	640.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	30.00




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CS/QW20002753/Fyf3s2	
59 LOYANG DRIVESINGAPORE 508969		Date : 30-03-2020	
		Code : QW007	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJX 3966Z	Veh. Inspected	SH 7794D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/02/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU903089306	Colour	BLUE
Odometer	30198	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	DUNLOP	7 mm
L/H Front Tyre	195/65 R15	DUNLOP	7 mm
R/H Rear Tyre	195/65 R15	DUNLOP	7 mm
L/H Rear Tyre	195/65 R15	DUNLOP	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	16/02/2020	Inspection Date	17/02/2020
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7794D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RH	NOT NECESSARY	112.70	-
1	TAL LAMP ASSY / RH	NOT NECESSARY	557.90	-
1	REAR BUMPER REFLECTOR RH	SCRATCHED	177.70	177.70
1	REAR BUMPER REINFORCEMENT	BENT	318.80	318.80
1	REAR TRUNK COVER GARNISH / OUTSIDE	NOT NECESSARY	889.70	-
1	TOWING COVER	MISSING	82.70	82.70
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR TRUNK LID LOCK	NOT NECESSARY	457.90	-
1	REAR TRUNK TOYOTA EMBLEM	NOT NECESSARY	47.00	-
1	REAR TRUNK PRIUS	NOT NECESSARY	52.90	-
1	REAR TRUNK HYBRID	NOT NECESSARY	52.90	-
1	REAR TRUNK LID COVER	NOT NECESSARY	1,126.60	-
1	BUMPER COVER UNDER CENTRE	CUT	220.50	220.50
1	BUMPER UNDER SIDE COVER	BROKEN	167.60	167.60
1	SEAL REAR BUMPER RH	BROKEN	148.40	148.40
	LESS 25% DISCOUNT		-1,361.63	-531.73
			4,084.87	1,595.17
SPECIAL NETT ITEMS				
1	BOOTLID COMFORT LOGO / TEL NUMBER (SN)	NOT NECESSARY	60.00	-
1	BOOTLID COMFORT APP (SN)	NOT NECESSARY	40.00	-
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR NUMBER PLATE & W/HOLDER (SN)	NOT NECESSARY	55.00	-
			290.70	-
LABOUR				
	PANEL BEATING.		700.00	640.00
	SPRAY PAINTING CHARGE.		650.00	200.00
	TUFF KOTE.		80.00	30.00
	CHECK LIGHTING.		60.00	50.00
	REMOVE AND REFIX REVERSE SENSOR.		60.00	50.00
			1,550.00	970.00

Report Ref No. CS/QW20002753/Fyf3s2



GRAND TOTAL		5,925.57	2,565.17
RECOMMENDED COST OF REPAIRS			2,565.17

Report Ref No. CS/QW20002753/Fyf3s2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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